



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 December 2019



Burleigh Hill House

Type of Service: Nursing Home (NH)
Address: 79 North Road, Carrickfergus, BT38 7QZ
Tel No: 028 9336 5652
Inspector: Julie Palmer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 56 patients.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Lesley Catherine Megarity	Registered Manager and date registered: Emeliza Insaoriga 28 October 2016
Person in charge at the time of inspection: Emeliza Insaoriga	Number of registered places: 56 comprising:
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. LD – Learning disability. Residential Care (RC) A – Past or present alcohol dependence. I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 48 A maximum of 22 Residential places. Category NH-LD for 1 identified patient only. Category RC-A for 1 identified resident only.

4.0 Inspection summary

An unannounced care inspection took place on 10 December 2019 from 11.35 hours to 18.30 hours.

The term 'patient' is used to describe those living in Burleigh Hill House which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, infection prevention and control, the home's environment, record keeping, the meal time experience, the culture and ethos of the home, listening to patients and governance arrangements.

Areas requiring improvement were identified in relation to the information maintained in staff recruitment files and ensuring a domestic store which contained cleaning materials was kept locked.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Emeliza Insauriga, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff supervision and appraisal schedule
- registered nurse competency and capability assessment record
- incident and accident records
- two staff recruitment and induction files
- four patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from January 2019 onwards
- the annual quality report
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure appropriate locks are fitted to the doors of toilet two and bathroom three.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that appropriate locks had been fitted to the identified doors.	

Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that shower chairs can be effectively cleaned between each use, in accordance with infection prevention and control guidance.	Met
	Action taken as confirmed during the inspection: Review of a sample of shower chairs evidenced that these were in good clean condition and a system was in place to ensure they were effectively cleaned between each use.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 to 15 December 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was effective; comments included:

- "Teamwork is fantastic."
- "I very much enjoy working here."
- Teamwork is very good."
- "I love it here."
- "Every day is different and we overcome any challenges that arise."

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with told us that they were very satisfied with staffing levels. Patients also commented positively about the care they received from staff and the home's environment; they told us:

- "The staff are good."
- "I hardly ever have to ask twice for anything, the staff are very good."
- "The staff are very good and always there if you need them."
- "They are all brilliant."
- "It's lovely here, nice and clean and tidy."

Patients' visitors spoken with told us that they were satisfied with staffing levels.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; five responses were received. All respondents indicated that they were satisfied/very satisfied with staffing levels.

We reviewed two staff recruitment and induction files. These did not contain all the information required to confirm that the relevant pre-employment checks had been carried out to ensure staff were suitable to work with patients in the home. We discussed this with Heather Murray, Group Quality and Development Manager, who informed us that recruitment checks were carried out by the group's human resources department and confirmed with that department that the appropriate pre-employment checks had been completed. We were satisfied that the relevant checks had been carried out, however, this information should be accessible within the staff recruitment file maintained in the home; an area for improvement was made.

Discussion with staff and review of records confirmed they had completed a period of induction when they commenced employment in the home. Staff spoken with also confirmed that they received regular supervision and a yearly appraisal. A supervision and appraisal schedule was maintained. Review of records confirmed that nursing staff had completed an annual competency and capability assessment.

Review of records confirmed there was a system in place to monitor the ongoing registration status of nursing staff with the NMC and care staff with NISCC.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and the home's whistleblowing policy.

Discussion with the manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, the laundry, treatment rooms, sluices and storage areas. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients' bedrooms were tastefully decorated and had been personalised with items that were meaningful to them.

Appropriate locks had been fitted to identified toilet and bathroom doors; this area for improvement had been met.

Shower chairs were observed to be in good, clean condition and there was a system in place to ensure these were cleaned between uses; this area for improvement had been met.

An identified domestic store, which contained cleaning products, was found to have been left unlocked. This was brought to the attention of staff who told us that the store was always locked; however, we found that the store remained unlocked when checked again later in the day. Store rooms containing cleaning products should be locked to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home; an area for improvement was made.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. We also saw that staff carried out hand hygiene at appropriate times.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year.

The manager confirmed that staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

We spoke to a pharmacist, from the pharmacy group which supplied medications to the home, who was carrying out a medicines audit. The pharmacist told us that medicines audits were completed on a monthly basis with a more in depth audit completed every three months and that, in their experience, the home managed medicines well.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding, infection prevention and control, the home's environment and training.

Areas for improvement

Areas for improvement were identified in relation to staff recruitment files and ensuring the identified domestic store was kept locked.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed the daily routine in the home and it was obvious that staff knew the patients well and treated them with dignity and respect. Patients received the right care at the right time and staff demonstrated their understanding of individual patients care needs.

Patients spoken with during the inspection were satisfied that their care needs were met. Patients who were unable to express their views appeared to be content and settled, both in their surroundings and in their interactions with staff.

We reviewed four patients' care records and these evidenced that individualised care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds and pressure area care. Care records reviewed contained details of patients' assessed care needs in these areas and a daily record was maintained to evidence the care which was being provided.

Discussion with the manager and review of records confirmed that patients' weights were monitored on at least a monthly basis. There was evidence of staff making contact with other healthcare professionals, such as the dietician or speech and language therapist (SALT), if required and subsequently following their recommendations. Patients' nutritional needs were identified and validated risk assessments were in place to direct care planning and delivery. Review of patients' supplementary care charts evidenced that food and fluid intake was recorded and the records reviewed were up to date.

Staff spoken with demonstrated their knowledge of measures to prevent falls and how to provide care for a patient who had a fall. The care records reviewed evidenced that appropriate risk assessments and care plans were in place and had been reviewed in the event of a fall.

We reviewed the management of wounds in the home. The care records reviewed evidenced that care plans were in place to direct the care required and these reflected recommendations from other healthcare professionals, such as the podiatrist, where necessary. Recording on wound charts and the daily records reviewed was up to date.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration. Review of repositioning records evidenced that these were up to date and reflective of the individual patient's care plan in this area.

We observed the serving of the lunch in the ground floor dining room and found this to be a positive experience for patients. The dining room was well decorated, the menu was on display, music was playing and tables were attractively set with table cloths, napkins and condiments. Staff offered patients a selection of drinks and displayed their knowledge of how to thicken fluids if required and which patients required a modified diet. Staff were wearing aprons and helpfully assisting patients as required. The food on offer was well presented and appeared appetising. Staff demonstrated their knowledge of patients likes and dislikes and told us that an alternative meal choice would be provided if necessary. The meal time was observed to be calm and unhurried.

Patients spoken with were complimentary about the food on offer; they told us:

- "The food is tasty."
- "The food is great."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to the multi-disciplinary team and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with 17 patients, both individually and in small groups, about their experience of living in Burleigh Hill House. Patients spoke positively about life in the home; comments included:

- “I find it generally good here.”
- “I love it here.”
- “Staff come in and take time to have a chat.”
- “I’m quite happy here.”
- “I quite like it here and find it very good.”

One patient’s visitor we spoke with told us that “everything is perfect”.

A varied range of activities, for example, quizzes, games, choir practice, coffee mornings and craft classes, were available. Patients told us that they enjoyed the activities and were included in decision making about these. One patient commented that “there is something on most days, like exercises or singing, we have a good laugh”. A visitor spoke warmly about the activity co-ordinators and how they ensured families were included, they told us that “I come in and take part in the activities, there are lots of quizzes”. The home was cheerfully decorated for Christmas; carol singing practice took place during the inspection and patients told us they really enjoyed this.

The manager told us that arrangements were made for patients to go out to church if they so wished and religious services were also held in the home.

Staff demonstrated their knowledge of how to ensure that patients’ hearing aids were properly fitted and in good working order. Staff were aware of the importance of patients having well maintained hearing aids to in order to assist with effective communication. We observed that staff spoke kindly to patients and took time to listen to them.

Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy.

Thank you cards were on display, comments included:

- “Thank you all so much for the tender and loving care.”
- “Thanks for all your help.”
- “Thanks to all the staff for the kindness and care.”

Patients' views had recently been sought via a satisfaction survey. Patients told us that they felt listened to by staff. Patients' visitors told us that they were satisfied with communication and consultation from staff about their relative.

We reviewed the annual quality report and found that this was informative and included views and suggestions expressed by patients and their relatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, providing dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

Discussion with staff, patients and visitors confirmed that the manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was accessible and approachable. The manager told us that she operated an open door policy and was happy to meet with patients, relatives and staff at any time.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, IPC measures, falls, complaints, care plans and wounds.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. The complaints procedure was displayed in the home and patients and patients' visitors spoken with were aware of the process.

Discussion with the manager and review of records evidenced that systems were also in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of monthly monitoring visit reports and found these to be comprehensive and to include an action plan and completion date for the actions identified.

Review of the home's fire risk assessment and relevant service/maintenance records confirmed that areas for improvement which had been identified during the last premises inspection had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emeliza Insauriga, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that staff recruitment files maintained within the home contain the information required to confirm that the relevant pre-employment checks had been carried out prior to making an offer of employment.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Our HR Department carry out the pre-employment checks for the Home and the inspector on the day of the inspection was satisfied that all relevant checks were in place, however some of these checks were retained at our HR Department and not all retained on site in the Home. We have reviewed our process and all pre-employment checks are now available within the Home for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the identified domestic store is locked in order to comply with Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager carried out supervision sessions with the relevant staff following the inspection and monitors this area daily.</p>

Please ensure this document is completed in full and returned via Web Portal



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